

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hiatt, et al.
Title: NOVEL EPITHELIAL TISSUE
IMAGING AGENT
Appl. No.: Not Assigned
Filing Date: Herewith
Prior Appl. No. 09/005,167
Prior Filing Date: 01/09/1998

<p>CERTIFICATE OF HAND DELIVERY I hereby certify that this correspondence is being hand delivered to the United States Patent and Trademark Office in Washington, D.C. on the date below.</p> <p><u>02.05.02</u> (Date)</p> <p><u>Mr Justin Rossekia</u> (Printed Name)</p> <p><u>[Signature]</u> (Signature)</p>	<p>1130 U.S. PTO 02/05/02</p> <p>10/062467 10/062467 02/05/02</p>
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CONTINUING PATENT APPLICATION
TRANSMITTAL LETTER

Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

☒ Continuation ☐ Division ☐ Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

☒ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (104 pages).
- ☒ Informal drawings (1 sheets, Figures 1-1).
- ☒ Copy of Declaration and Power of Attorney filed in prior application (3 pages).

- ☒ Copy of Revocation of Prior Powers of Attorney by Assignee, Appointment of New Power of Attorney by Assignee, Change of Correspondence Address filed in prior application (2 pages)
- ☒ Application Data Sheet (37 CFR 1.76).
- ☒ This application is assigned of record to Epicyte Pharmaceuticals, Inc., by an assignment filed in the parent application, assignment of which is still proper and valid. (Reel/Frame 9275/0836)

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$740.00	\$740.00
Total Claims:	6	- 20	= 0	x \$18.00	= \$0.00
Independents:	4	- 3	= 1	x \$84.00	= \$84.00
If any Multiple Dependent Claim(s) present:			+ 1	+ \$280.00	= \$0.00
				SUBTOTAL:	= \$824.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):					= \$412.00
				TOTAL FILING FEE:	= \$412.00

- ☒ A check in the amount of \$412.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date February 1, 2002

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